



# 5K

## Run/Walk

### Saturday, Sept. 23, 2006 Chester Frost Park

**Pre-Registration: Until September 22 - \$10**

**Day of Race Registration: 6:30 am – 7:15 am - \$15**

**RACE STARTS AT 7:30 AM SHARP!**

**T-shirts for all participants. Awards for top three age division winners.**

**DIVISIONS:** (Women/Men) Ages: 12 & under; 13-18; 19-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59; 60-64; 65-69; 70 & over

#### REGISTRATION FORM:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

SHIRT SIZE: YL \_\_\_\_ SM \_\_\_\_ MED \_\_\_\_ LG \_\_\_\_ XL \_\_\_\_ XXL \_\_\_\_

#### RACE WAIVER AND RELEASE:

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT, AND I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST HAMILTON COUNTY, ITS LOCAL AFFILIATES AND ANY AFFILIATED INDIVIDUALS, ANY RACE SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE "RELEASEES") FROM ANY LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, INCLUDING PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SAME BE CAUSED BY FALLS, CONTACT WITH PARTICIPANTS, CONDITIONS OF THE COURSE, NEGLIGENCE OF THE RELEASEES OR OTHERWISE. If I do not follow all the rules of this event, I understand that I may be removed from the competition. I give my full permission to use any photographs, videotapes, audiotapes or other recordings of me that are made during the course of this event.

Participant Name \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian if under 18 \_\_\_\_\_

Date: \_\_\_\_\_

**Return completed form & entry fee to: County Fair, Attn: Linda, P.O. Box 1334, Hixson, TN 37343**

**Call 209-6117 for more information!**



## TOTAL HEALTH CHIROPRACTIC

